

Department of Family
and Protective Services**Child Caregiver Resource Form**Form 2625
May 2009Case Name: Renesha AllenCase ID: 32961531

Please fill out this form to give us names and locating information for relatives or close family friends who may want to take care of your children or support them until you get them back. Try to list the people you know your child would feel happiest with. Child Protective Services (CPS) will make contact with them and ask them how they want to help. We will decide if it is safe for your child to be with them. We will also decide if they can safely be with and support your child. CPS will tell them about your case. If we think they can provide a safe place for your child, CPS will do a background and criminal history check. We will do this check within 2 business days of getting this completed form back. If the check is OK, we will assess them and their home. Most of the time, children are not placed until CPS knows how the assessment turns out. The final decision about placing your children will be made by the judge for your child(ren)'s case. If the person tells us they do not want the children placed with them but instead wants to provide support and have unsupervised visits, CPS will have to do a background and criminal history check first.

On this page, you must provide the names of the first three persons you think may be able to care for your child. On the following pages you can list their names and locating information in the boxes provided. The first three persons can be adult relatives (including grandparents) and/or close family friends.

On the following pages, you must also list the names and locating information for **ALL THE GRANDPARENTS** for each of the children removed. This includes the grandmothers and grandfathers for each child. (The mother's parents and the father's parents). Please list other adult relatives besides the grandparents. You can send this form to CPS:

In person at:

2800 West Houston Tx

By e-mail at:

Yolanda.Alpough@dfps.state.tx.us

By fax:

The selection of a placement (and other legal issues) may be impacted if the Indian Child Welfare Act applies. Please indicate whether you, another parent or any of your child(ren) is of Native American or Alaskan Native descent/heritage.

☐ I have no information that this child(ren) has any Native American or Alaskan Native descent/heritage.

☐ I believe this child(ren) may be Native American or Alaskan Native descent/heritage. The person with tribal affiliation is _____ and the tribe is _____.

Your signature below indicates that you were provided the opportunity to list possible caregivers for you child(ren).

Renesha Allen
SIGNATURE OF PARENT OR GUARDIAN

12-4-09
DATE

CASEWORKER NAME

PHONE NUMBER

Here are the names of three relatives or close family friends who may be able to care for my child(ren). I will provide their contact information on the following page(s).

1. Theresa R. Allen
2. _____
3. _____

Information provided in this form is in response to the following Legal Requirements:

State: Designation of relatives or close family friends to care for the child

Texas Family Code: Chapter 261.307(a)(2)

Federal: Department's efforts to obtain information about maternal and paternal relatives and other adult relatives

Public Law (P.L.) 110-351 (Sec. 103)

Date Information Received by CPS: _____

Child Caregiver Resource Form

Contact Information

1. Name of Caregiver (including all names used) <input checked="" type="checkbox"/> Placement Resource <input type="checkbox"/> Support Resource		<input type="checkbox"/> Maternal Grandparent <input checked="" type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Other	Age/Date of Birth	Ethnicity
THERESA R. ALLEN (SANDERS) (COTTON)			(43) 6-1-66	AA
Street Address	City/State	Zip Code	Phone number with Area code	
20919 Birnamwood	HUMBLE, TX	77338	281-821-1121	
What is this person's relationship to your child?	Have they lived out-of-state during the past 3 years? Where?	Please provide any other information to help us locate this person		
Grandmother	NO			

2. Name of Caregiver (including all names used) <input type="checkbox"/> Placement Resource <input type="checkbox"/> Support Resource		<input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Other	Age/Date of Birth	Ethnicity
Street Address	City/State	Zip Code	Phone number with Area code	
What is this person's relationship to your child?	Have they lived out-of-state during the past 3 years? Where?	Please provide any other information to help us locate this person		

3. Name of Caregiver (including all names used) <input type="checkbox"/> Placement Resource <input type="checkbox"/> Support Resource		<input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Other	Age/Date of Birth	Ethnicity
Street Address	City/State	Zip Code	Phone number with Area code	
What is this person's relationship to your child?	Have they lived out-of-state during the past 3 years? Where?	Please provide any other information to help us locate this person		

4. Name of Caregiver (including all names used) <input type="checkbox"/> Placement Resource <input type="checkbox"/> Support Resource		<input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Other	Age/Date of Birth	Ethnicity
Street Address	City/State	Zip Code	Phone number with Area code	
What is this person's relationship to your child?	Have they lived out-of-state during the past 3 years? Where?	Please provide any other information to help us locate this person		

The children father and
Grand parents of the fathers
have not been involved in there
lives since birth. I would
like my children to be with
my mother.

Theresa Allen

12-4-09